

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026930

FILED
Mar 30, 2006
Secretary of State

Entity Name: RICK, WARREN & DAVID HOLDINGS, LLC

Current Principal Place of Business:

5060 SYCAMORE DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

5060 SYCAMORE DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 76-0785113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PALRLANTE, RICHARD B
5060 SYCAMORE DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

PARLANTE, RICHARD B
5060 SYCAMORE DRIVE
NAPLES, FL 34119 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD B PARLANTE

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: PARLANTE, RICHARD B
Address: 5060 SYCAMORE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: VICE () Change (X) Addition
Name: CRABTREE, WARREN
Address: 5811 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: TREA () Change (X) Addition
Name: REID, DAVID
Address: 5811 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD B PARLANTE

PRES

03/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date